

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		3				
8		3				
9		1				
10		3				
11		3				
12		2				
13		1				
14	X	X				
15	X	X				
16	X	X				
17		3				
18		3				
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23		3				
24		1				
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TOTAL IND.	2					
TOTAL DEP.	51					
TOTAL CLAIMS	53					
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